

No: _____

City of San Antonio
Department of Parks and Recreation
Official Registration Form

District: _____

"Our Part of Town" Talent Show

Please Print

Name of Contestant: _____ Birth date: _____ Age: _____

Address: _____ Zip Code: _____ Social Security #: _____

Home Ph# _____ Work Ph# _____ Cell/Pager# _____

CD Yes: _____ Length of routine: _____

Type of Talent: _____ (singer, dancer.etc.) (routine must not exceed 2 1/2 minutes)

Number of contestants in routine: _____ Special Props or technical needs: _____

Title of Routine or Music: _____

Please initial that you have read the rules. _____

- Note:
- *CD's only, single track and no Cassette tapes.
 - *No routines may be longer than 2 1/2 minutes and all routines will be timed.
 - *All judges' decisions are FINAL.
 - *Singers MAY NOT HAVE lead voice on CD accompaniment. Background tracks permitted. (during auditions or for talent show)
 - *ABSOLUTELY NO LIP-SYNCHING ALLOWED. No Exceptions!
 - *Audition routines must be the same routine performed at talent show. (Lyrics)
 - *District winning routine must be the same routine performed at OPOT Finals.
 - *Group entries age category is determined by adding together the age of each participant and dividing that number by the total number of participants.
 - *Overall district winners are required to submit their music CD on the night of the district competition to be used at the OPOT finals. Parks & Recreation staff will collect music at the conclusion of the district show. Have a backup CD prepared.
 - *Contestants must adhere to the above rules or may be disqualified from the competition.

I verify that I reside and have as my official residence the following address:

Address: _____ Zip Code: _____

I live in District # _____ Council person: _____

Signed: _____ Date: _____

For Parks and Recreation use only: The above address has been checked against the official City of San Antonio Residency Book:

Supervisor

I fully understand all rules and regulations of the "Our Part of Town" Talent Show competition as they now exist. I hereby certify all above information is true and correct. I understand any false information may result in disqualification. I understand that if I have not adhered to the rules listed above, I will be disqualified.

Contestant's Name _____ Date _____ Parent/Guardian(if needed) _____

From time to time Special Programs receives request for entertainment. Please sign below giving Special Programs permission to give your personal contact info. out to organizations requesting it.

Signature: _____
Yes, please give my contact info. to interested organizations.

No: _____
Not interested at this time.

